



DEPARTMENT OF THE NAVY
COMMANDER, NAVAL SURFACE FORCES
2841 RENDOVA ROAD
SAN DIEGO, CALIFORNIA 92155-5490

IN REPLY REFER TO

COMNAVSURFORINST 6000.2
N01M
13 Mar 06

COMNAVSURFOR INSTRUCTION 6000.2

From: Commander, Naval Surface Forces

Subj: MEDICAL READINESS INSPECTION PROGRAM

Ref: (a) OPNAVINST 6530.4A
(b) MANMED P-117
(c) COMNAVSURFORINST 6000.1
(d) COMNAVSURFPACINST 5450.38B

Encl: (1) Medical Readiness Inspection Manual

1. Purpose. To establish a Medical Readiness Inspection (MRI) program for afloat medical departments under Commander, Naval Surface Forces (COMNAVSURFOR) as directed in references (a) through (d).

2. Background. The primary mission of the ship's medical department is to maintain the medical readiness of ships crew thereby ensuring that they can continue to carry out the ships mission. To ensure a continuous state of medical readiness, the medical department must provide for, and promote the health and wellness of their ship, prevent and treat illness or injury, and maintain complete documentation in medical and administrative records on individuals and medical programs.

3. Mission. The mission of the MRI is to provide the commanding officer (CO) of the ship or Naval Support Element a timely pre-deployment assessment of the readiness of the ship's Medical Department, and its ability to accomplish its mission, functions, and tasks. This is accomplished through a standardized process throughout the Surface Force.

4. Action

a. The Immediate Superior in Command (ISIC) or Type Commander (TYCOM) directed Regional Support Organization (RSO) shall execute the MRI using the checklists contained in enclosure (1) of this instruction. The checklists enclosed are templates and may be modified to conform to the requirements of each ISIC or RSO. However, any modification must be made with prior TYCOM approval.

b. The ISIC Medical Department or RSO will conduct Technical Assist Visits (TAV) utilizing all enclosed checklists as needed to meet the spirit and intent of the Fleet Response Plan (FRP).

c. ISICs or RSO will conduct a formal MRI 90 days prior to any deployment greater than 90 days not to exceed a period of 18 months.

d. The ISIC or RSO will forward a copy of the report of the MRI to include a copy of the executive summary to the TYCOM for review. C-1 Inspection results will be reported in writing within 30 days from the date of the inspection. Scores of C-2 or lower will be reported to the TYCOM via fastest available means.

//Signed//
P. H. GREENE, JR.
Chief of Staff

Distribution:

Electronic only, via COMNAVSURFOR Directives Website,
<https://www.surfor.navy.mil/c1/directives/default.aspx>

13 Mar 06



MEDICAL READINESS INSPECTION PROGRAM

[illegible]

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| | |
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| Chapter 1: ADMINISTRATION AND TRAINING | | | | | | | | |
|--|---------------|-----|-------|---|-----|-------|--|--|
| Section 1. ORGANIZATION | APPLICABILITY | SAT | UNSAT | COMMENTS | | | | |
| a. Watch Quarter and Station bill posted. | | | | | | | | |
| (1) Stretcher Bearers/Med. Assistants/Phone Talkers identified | | | | | | | | |
| (2) Includes all special evolutions | | | | | | | | |
| b. SMDR relief letter on file | | | | | | | | |
| c. Credentialing program IAW current directives | (MO/PA SHIPS) | | | | | | | |
| Ref: OPNAVINST 3120.32C, CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 2. MEDICAL MEMORANDUM FOR THE RECORD FILE | | SAT | UNSAT | COMMENTS | | | | |
|---|-------|-----|-------|---|-----|-------|--|--|
| a. Maintained properly with complete entries | | | | | | | | |
| b. Reviewed and signed by ship's mo/smdr | | | | | | | | |
| Ref: CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 3. SICK CALL LOG MAINTAINED IN SAMS | | SAT | UNSAT | COMMENTS | | | | |
|---|-------|-----|-------|---|-----|-------|--|--|
| a. All visits recorded | | | | | | | | |
| Ref: CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 4. PROFESSIONAL BOOKS AND MATERIALS | | SAT | UNSAT | COMMENTS | | | | |
|---|-------|-----|-------|---|-----|-------|--|--|
| a. Required publications onboard | | | | | | | | |
| b. Laboratory SOP | | | | | | | | |
| Ref: COMPACFLT 6820.1, CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 5. OTHER ADMINISTRATION | | SAT | UNSAT | COMMENTS | | | | |
|---|----------|-----|-------|---|-----|-------|--|--|
| a. SAMS: current version onboard: | Critical | | | | | | | |
| (1) Daily back-ups being accomplished | | | | | | | | |
| (2) Immunization data uploaded/sent to DEERS weekly | | | | | | | | |
| (3) Password on file with CMS/Security Manager | | | | | | | | |
| (4) All medical department personnel adept with SAMS | | | | | | | | |
| (5) SAMS loaded on LAN computer not a stand alone | Critical | | | | | | | |
| (6) Providers have access to CHCS | | | | | | | | |
| b. Health records properly maintained and verified. | | | | | | | | |
| (1) Properly maintained and verified against SAMS | Critical | | | | | | | |
| (2) Record security maintained | | | | | | | | |
| (3) DD Form 2766 maintained in each H/R | | | | | | | | |
| c. Medical Filing System | | | | | | | | |
| d. Records retired IAW SECNAVINST 5212.5D | | | | | | | | |
| e. Injury reports completed and routed through the COC | | | | | | | | |
| f. Emergency relief procedures for HMs standing non-medical watches | | | | | | | | |
| Ref: SECNAVINST 5212.5D, MANMED P-117, CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 6. CURRENT, FUNCTIONAL TICKLER | | SAT | UNSAT | COMMENTS | | | | |
|--|-------|-----|-------|---|-----|-------|--|--|
| a. Follow-up appointments | | | | | | | | |
| b. Consultations | | | | | | | | |
| Ref: CNSFINST 6000.1 | | | | <table border="1"> <tr> <td>SAT</td> <td>UNSAT</td> </tr> <tr> <td></td> <td></td> </tr> </table> | SAT | UNSAT | | |
| SAT | UNSAT | | | | | | | |
| | | | | | | | | |

| Section 7. TRAINING | | SAT | UNSAT | COMMENTS |
|--|--|-----|-------|----------|
| a. Inservice Training for Medical Personnel Conducted | | | | |
| (1) PQS/JQR used for Jr. HMs | | | | |
| (a) Completed w/in six months of reporting | | | | |
| (2) IDC has sufficient CEUs | | | | |
| (a) At least 12 per year | | | | |
| (3) BCLS Certification | | | | |
| (a) All Members of Medical Department | | | | |
| (4) ACLS Certification (As applicable) | | | | |
| (5) ATLS Certification (As applicable) | | | | |
| (6) Medical inservice training conducted and documented bi-weekly at a minimum | | | | |

Ref: OPNAVINST 6400.1B, CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 8. DENTAL (SHIPS WITHOUT DENTAL DEPARTMENTS) | | SAT | UNSAT | COMMENTS |
|--|--|-----|-------|---------------------|
| a. Shipboard dental procedures manual onboard | | | | Separate Evaluation |
| b. Dental kit instruments packed/sterilized | | | | |
| c. Quarterly Dental Report Submitted (if applicable) | | | | |
| d. Dental readiness >95% CAT I & II | | | | |
| I _____% II _____% III _____% IV _____% | | | | |

CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 9. CONTROLLED MEDICINALS PROGRAM | | SAT | UNSAT | COMMENTS |
|---|----------|-----|-------|----------|
| a. Custodians and inventory board mbrs. assigned in writing | Critical | | | |
| b. Proper administrative procedures followed | Critical | | | |
| c. Amal requirements met? | | | | |

Ref: OPNAVINST 6710.3, CNSFINST 6000.1,
MANMED P-117 Chapter 21

| SAT | UNSAT |
|-----|-------|
| | |

| | | | | | | | |
|---------------------------|---|---|--|--|--------|--------|--------|
| TOTAL SUBSECTIONS: | 9 | | | | | | |
| SAT SUBSECTIONS: | | | | | | | |
| APPLICABLE SUBSECTIONS: | | | | | | | |
| PERCENT SAT: | | (# SAT DIVIDED BY # APPLICABLE X 100) = % | | | | | |
| | | | | | | | |
| OVERALL READINESS STATUS: | | | | | C-1 | C-2 | C-3 |
| | | | | | >= 90% | >= 80% | >= 65% |
| | | | | | | | < 65% |

| Chapter 2: SUPPLIES AND EQUIPMENT | | | | |
|---|---------------|-----|-------|----------|
| Section 1. AMAL/ADAL DOCUMENTS | APPLICABILITY | SAT | UNSAT | COMMENTS |
| a. Current AMAL/ADAL maintained | | | | |
| b. SAMS used for supply tracking | | | | |
| c. Current AMAL update | | | | |
| d. Supply/Medical Dept using prime vendor | | | | |
| e. Sufficient OPTAR to support medical IAW NAVSUP 485 | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 2. AMAL/ADAL STATUS | (> 90% SAT) | SAT | UNSAT | PERCENT |
|---|-------------|-----|-------|---------|
| a. AMAL percentage | | | | |
| b. Current bulkhead-to-bulkhead inventory | | | | DATE: |
| c. SRI | LHD/LHA | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 3. EQUIPMENT MAINTENANCE AND REPAIR | | SAT | UNSAT | COMMENTS |
|--|----------|-----|-------|----------|
| a. Biomedical checks accomplished IAW PMS | | | | DATE: |
| b. Review and compare most recent SFR | | | | |
| c. All equipment included in 3M system (OHMSNG/SNAP) | Critical | | | |
| d. Refer temp 36 - 46 Fahrenheit; alarm functional | Critical | | | |
| <i>List any equipment not in COSAL:</i> | | | | |

Ref: OPNAVINST 4790.4D, CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 4. CIVILIAN EVACUATION MATERIALS | (AMPHIBS) | SAT | UNSAT | COMMENTS |
|--|-----------|-----|-------|----------|
| a. Required supplies onboard | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 5. MORTUARY TRANSFER CASES | (LHA/LHD) | SAT | UNSAT | COMMENTS |
|------------------------------------|-----------|-----|-------|----------|
| a. Required number onboard | 6/6 | | | |

Ref: AMAL

| SAT | UNSAT |
|-----|-------|
| | |

| | | | | | | | | |
|---------------------------|---|---|--|--|--------|--------|--------|-------|
| TOTAL SUBSECTIONS: | 5 | | | | | | | |
| SAT SUBSECTIONS: | | | | | | | | |
| APPLICABLE SUBSECTIONS: | | | | | | | | |
| PERCENT SAT: | | (# SAT DIVIDED BY # APPLICABLE X 100) = % | | | | | | |
| | | | | | | | | |
| OVERALL READINESS STATUS: | | | | | C-1 | C-2 | C-3 | C-4 |
| | | | | | >= 90% | >= 80% | >= 65% | < 65% |

| Chapter 3: EMERGENCY MEDICAL PREPAREDNESS | | | | | |
|--|--|--------------|-----|-------|---------|
| Section 1. SUPPLIES AND EQUIPMENT (Critical) | | 100% ONBOARD | SAT | UNSAT | PERCENT |
| a. Emergency Response Kit (AMAL 0918/0924) | | | | | |
| Ref: CNSFINST 6000.1 | | | | | |

| | | | | | |
|--|--|--|-----|-------|---------|
| b. Jr. HM Emergency Response Kit (AMAL 0944) (1 kit for every 2 junior corpsman onboard MO ships and 1 per each Junior Corpsman onboard IDC ships) | | | SAT | UNSAT | PERCENT |
| Ref: CNSFINST 6000.1 | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| | | | | |
|---|-----------------|-----|-------|----------|
| c. Surgical packs open one and verify(Critical) | | SAT | UNSAT | COMMENTS |
| (1) Appropriate number of packs per ship class | Critical | | | |
| (2) Instruments properly cleaned, packed & plastic seal | (open one) | | | |
| (3) Packs labeled with applicable dates | | | | |
| (4) Sutures / knife blades attached to outside of pack | (as applicable) | | | |
| Ref: CNSFINST 6000.1 | | | | |
| | | | | SAT |
| | | | | UNSAT |

| | | | | |
|--|----------|-----|-------|----------|
| d. Oxygen (Critical) | | SAT | UNSAT | COMMENTS |
| (1) PMS accomplished on all O2 cylinders | Critical | | | |
| (2) Grade "B" shock mounting | Critical | | | |
| (3) Valve covers on "stowed" cylinders | | | | |
| (4) Non-sparking wrenches available | Critical | | | |
| (5) At least 1 "in-service" cylinder ready for use | Critical | | | |
| | | | | |
| Ref: OPNAVINST 5100.19D, CNSFINST 6000.1 | | | | |
| | | | | SAT |
| | | | | UNSAT |

| | | | | | |
|---|----------|-----|-------|---------|-------|
| e. First-Aid Box (FAB) (Critical) | | SAT | UNSAT | PERCENT | |
| (1) Stocked IAW AMAL 0927 | Critical | | | | |
| (2) Required locations | | | | | |
| (3) Properly marked | | | | | |
| (4) Contents divided in thirds; stored in plastic | | | | | |
| (5) Anti-pilferage device used | | | | | |
| (6) Inventoried semi-annually and documented | Critical | | | | |
| Ref: CNSFINST 6000.1, Navy Vessel Rules | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| | | | | | |
|--|----------|-----|-------|---------|-------|
| f. Battle Dressing Stations (BDS) (Critical) | | SAT | UNSAT | PERCENT | |
| (1) Stocked IAW AMAL 0955 | Critical | | | | |
| (2) Routes to BDS marked (interior/exterior) | | | | | |
| (3) Access Markers on doors | | | | | |
| (4) Surgical Light & Emergency Lighting operable | Critical | | | | |
| (5) Potable Water Tank with diagram and valve labeling | Critical | | | | |
| (6) Surgical Sink operable | Critical | | | | |
| (7) Operating Table operable with straps and pads | Critical | | | | |
| (8) Inventoried semi-annually and documented | Critical | | | | |
| Ref: CNSFINST 6000.1, Navy Vessel Rules | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| g. First-Aid Kit, Gun Crew (GUN BAG) | | SAT | UNSAT | PERCENT |
|--|----------|-----|-------|---------|
| (1) Stocked per CNSFINST 6000.1 | Critical | | | |
| (2) One per Stretcher Bearer Team | Critical | | | |
| (3) Stored in plastic bags inside Gun Bag | Critical | | | |
| (4) Stored in BDS | | | | |
| (5) Inventoried semi-annually and documented | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| h. Mass Casualty Box (MCB) (Critical) | | SAT | UNSAT | PERCENT |
|--|----------|-----|-------|---------|
| (1) Stocked IAW AMAL 0964 | Critical | | | |
| (2) Required number onboard | Critical | | | |
| (3) Located & mounted properly | Critical | | | |
| (4) Contents protected by plastic bags | Critical | | | |
| (5) Anti-pilferage device used | Critical | | | |
| (6) Inventoried semi-annually and documented | Critical | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| i. Mass Casualty Supplies (Critical) | LHA/LHD | SAT | UNSAT | COMMENTS |
|--|---------|-----|-------|----------|
| (1) Stocked per TYCOM or ship inventory | | | | |
| (2) Required amount onboard | | | | |
| (3) Located & mounted properly | | | | |
| (4) Contents protected by plastic bags | | | | |
| (5) Secured properly | | | | |
| (6) Inventoried semi-annually and documented | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| j. First-Aid Kit, general purpose (BOAT BOX) (Critical) | | SAT | UNSAT | COMMENTS |
|---|----------|-----|-------|----------|
| (1) Stocked IAW 6545-01-459-1115 | | | | |
| (2) One per each UB, MWB, Gig, Lifeboat/SUBS 4EA | Critical | | | |
| (3) Contents sealed in plastic bag | | | | |
| (4) Anti-pilferage device utilized | | | | |
| (5) Inventoried semi-annually and documented | Critical | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| k. Stretchers/Litters (Critical) | (as applicable) | # Reqd | #ONBOARD | CONDITION SAT/UNSAT | Properly located | Patient straps |
|--|-----------------|--------|----------|---------------------|------------------|----------------|
| (1) Stokes Stretchers | | | | | | |
| (2) Sea-Air Rescue (SAR) Litters | | | | | | |
| (a) Trail Line Assembly | | | | | | |
| (b) Horizontal & Vertical Hoist Slings with valid weight test available | Critical | | | | | |
| (3) Raven Pole Litters/Stands Handling Lines for litters with locking gate | (AMPHIBS) | | | | | N/A |
| (a) Handling Lines for litters with Locking Gate | | | | | | |
| (4) Snap Hook attached | | | | | | |
| (5) Reeves Sleeve | Critical | | | | | |

COMMENTS

| SAT | UNSAT |
|-----|-------|
| | |

Ref: OPNAVINST 4790.4D, CNSFINST 6000.1

References:

| | |
|----------------------|----------------------------|
| SECNAVINST 5212.5D | FXP-4 |
| OPNAVINST 3501.2J | NTTP 3-20.31 |
| OPNAVINST 6400.1B | NWP 3-50.1 |
| OPNAVINST 5100.19D | NAVEDTRA 10669-C |
| OPNAVINST 6710.3 | AMALs |
| OPNAVINST 4790.4D | CNSFINST 6000.1 |
| COMPACFLTINST 6820.1 | COMNAVSURFLANTINST 3502.2C |
| OPNAVINST 6470.4 | MANMED P-117 |
| NAVMED P-5041 | GENSPECS |
| NSTM 593 | |

| | | | | | | | | |
|---------------------------|----|---|--|--|--------|--------|--------|-------|
| TOTAL SUBSECTIONS: | 10 | | | | | | | |
| SAT SUBSECTIONS: | | | | | | | | |
| APPLICABLE SUBSECTIONS: | | | | | | | | |
| PERCENT SAT: | | # SAT DIVIDED BY # APPLICABLE X 100 = % | | | | | | |
| | | | | | | | | |
| OVERALL READINESS STATUS: | | | | | C-1 | C-2 | C-3 | C-4 |
| | | | | | >= 90% | >= 80% | >= 65% | < 65% |

13 Mar 06

| Chapter 4: ANCILLARY SERVICES | | | | | | |
|--|---------------|-----|-------|---------|----------|-------|
| Section 1. LABORATORY | APPLICABILITY | SAT | UNSAT | PERCENT | COMMENTS | |
| a. Equipment/Supplies | | | | | | |
| (1) AMAL - CORE: ____ / SUPP: ____ | | | | | | |
| (2) Refer Temp 36 - 46 F; Alarm Functional | Critical | | | | | |
| (3) Standard Operating Procedures Manual | (NEC 8506) | | | | | |
| (4) laboratory check off sheet | (NEC 8506) | | | DATE: | | |
| | | | | | SAT | UNSAT |
| | | | | | | |

| Section 2. BLOOD BANK (LHA/LHD) | (LHA/LHD) | SAT | UNSAT | COMMENTS | |
|---|-----------|-----|-------|----------|-------|
| a. Blood Bank SOP Onboard | | | | | |
| b. Blood Bank Assessment Current | | | | DATE: | |
| c. Required Blood Products Onboard (PRBC) | | | | | |
| d. Blood Bank Training Current (annual) | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| Section 3. X-RAY | (NEC 8451/2) | SAT | UNSAT | COMMENTS | |
|--|--------------|-----|-------|----------|-------|
| a. Standard Operating Procedures Manual | | | | | |
| b. Patient Logs Maintained | | | | | |
| c. Films Forwarded For Radiologist's Reading | | | | | |
| d. Performance Test Current | | | | DATE: | |
| e. Dosimetry Program In Place | | | | | |
| f. Internal/External Audit Current | Critical | | | DATE: | |
| | | | | SAT | UNSAT |
| | | | | | |

| Section 4. PHARMACY | | SAT | UNSAT | COMMENTS | |
|--|----------|-----|-------|----------|-------|
| a. Adequate Stock Rotation | | | | | |
| b. Prescriptions IAW MANMED Chap 21 | | | | | |
| c. Reefer Temp 36 - 46 F; Alarm Functional | Critical | | | | |
| d. Space Securable | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| Section 5. WARD/ICU | (As applicable) | SAT | UNSAT | COMMENTS | |
|--|-----------------|-----|-------|----------|-------|
| a. Ward Procedures/Nursing Procedures/Sop | | | | | |
| b. Dietary And Linen Provisions | | | | | |
| c. Infection Control | | | | | |
| (1) Universal Precautions | | | | | |
| (2) Isolation Plan In Place | | | | | |
| (3) Mattresses Iaw Blood-Borne Pathogen Standard | | | | | |
| (4) Sterility Of Supplies | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| d. Patient Administration | (As applicable) | SAT | UNSAT | COMMENTS | |
|---|-----------------|-----|-------|----------|-------|
| (1) Admission Criteria Established | | | | | |
| (2) Mechanism For Patient Identification In Use | | | | | |
| (3) Patient Tracking Plan/Status Board | | | | | |
| (4) Mo Orders Written For Each Patient | | | | | |
| (5) Proper Forms Utilized For Documenting Care | | | | | |
| (6) Restraint Policy | | | | | |
| (7) Thrombolytic Therapy Protocol and Supplies | | | | | |
| (8) Inpatient Records Maintained & Retired properly | | | | | |
| | | | | SAT | UNSAT |
| | | | | | |

| e. Equipment | (As applicable) | SAT | UNSAT | COMMENTS |
|--|-----------------|-----|-------|----------|
| (1) ACLS/Emergency Drugs & Equipment | | | | |
| (2) Required Number of Beds Installed | | | | |
| (4) Suction and Oxygen at each ICU bed | | | | |
| (5) Mechanical Ventilators | | | | |
| (6) Infusion Pumps at each ICU bed | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 6. OPERATING ROOM | LPD17/LHA/LHD | SAT | UNSAT | COMMENTS |
|--|---------------|-----|-------|----------|
| a. Sterility of Supplies | | | | |
| (1) Utilizing Event Related Sterilization | | | | |
| (2) Sterilizer Test (with results maintained for two years) | | | | |
| (3) Cold Disinfectant Documented | | | | |
| b. Patient Administration/Identification | | | | |
| (1) Proper Form for Documentation of Care (and maintained for two years) | | | | |
| (2) Pathological Specimen Procedures | | | | |
| (3) IV Conscious Sedation Protocol | | | | |
| c. Structure and Equipment Functionality | | | | |
| (1) Anesthesia Machines/RGM's Certified | | | | DATE: |
| (2) Required Scopes Onboard (EGD, Colon, Bronch) | | | | |
| (3) Electrosurgical Apparatus | | | | |
| (4) Beds and Gurneys (with safety restraints) | | | | |
| (5) Suction and Oxygen | | | | |
| (6) Hypo/Hyperthermia and Fluid Warming Equipment | | | | |
| d. Required Number / Type of Surgical Sets Onboard | | | | |

Ref: CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| | | | | | | | | |
|---------------------------|---|---|--|--|--------|--------|--------|-------|
| TOTAL SUBSECTIONS: | 6 | | | | | | | |
| SAT SUBSECTIONS: | | | | | | | | |
| APPLICABLE SUBSECTIONS: | | | | | | | | |
| PERCENT SAT: | | (# SAT DIVIDED BY # APPLICABLE X 100) = % | | | | | | |
| | | | | | | | | |
| OVERALL READINESS STATUS: | | | | | C-1 | C-2 | C-3 | C-4 |
| | | | | | >= 90% | >= 80% | >= 65% | < 65% |

13 Mar 06

| Chapter 5: ENVIRONMENTAL HEALTH PROGRAMS | | | | |
|---|--|-----|-------|----------|
| Section 1. SANITATION: | | SAT | UNSAT | COMMENTS |
| a. Food Safety Program | | | | |
| (1) Formal Inspections in periodicity | | | | |
| (a) Inspections forwarded to Supply Officer and Commanding Officer | | | | |
| (b) Discrepancies corrected in a timely manner and verified on inspection form. | | | | |
| (2) Food Service Physical Examinations conducted as required and documented | | | | |
| b. Quarterly Habitability Report: (AREAS AS APPLICABLE) | | | | |
| (1) Berthing and Head Facilities | | | | |
| (2) Barber Shops (Examinations current) | | | | |
| (3) Potable Water System | | | | |
| (4) CHT/MSD Systems | | | | |
| (5) Ship's Store and Vending areas | | | | |
| (6) Laundry (Examinations current) | | | | |
| (7) Fitness/Exercise Facilities | | | | |

Ref: NAVMED P-5010

| SAT | UNSAT |
|-----|-------|
| | |

| Section 2. MEDICAL WASTE | | SAT | UNSAT | COMMENTS |
|---------------------------------|--|-----|-------|----------|
| a. Proper Disposal Procedures | | | | |
| b. Current Instruction | | | | |
| c. Properly Stored Onboard | | | | |
| d. Medical Waste Log Maintained | | | | |

Ref: NSTM 593, OPNAVINST 5090.1B

| SAT | UNSAT |
|-----|-------|
| | |

| Section 3. PEST CONTROL SURVEYS / TREATMENTS | | SAT | UNSAT | COMMENTS |
|--|--|-----|-------|----------|
| a. Pest Control Certifications Current | | | | |
| b. Personal Protective Equipment available | | | | |
| c. Documentation using SAMS | | | | |
| d. Derat Exemption Certification Current | | | | EXPIRES: |

Ref: OPNAVINST 6250.4B, NAVMED P-5010, BUMEDINST 6250.14A

| SAT | UNSAT |
|-----|-------|
| | |

| Section 4. POTABLE WATER SANITATION | | SAT | UNSAT | COMMENTS |
|-------------------------------------|--|-----|-------|----------|
| a. Halogen Residual Testing | | | | |
| b. Bacteriological Testing | | | | |
| c. Log maintained using SAMS | | | | |

Ref: NAVMED P-5010

| SAT | UNSAT |
|-----|-------|
| | |

| Section 5. MEDICAL SURVEILLANCE | | CRITICAL | SAT | UNSAT | N/A |
|--|--|----------|--------------|-------|-------|
| a. Tuberculosis Control Program | | | | | |
| (1) Current TB Report is on file | | | | | DATE: |
| (2) Ensure annual evaluations are conducted for converters | | | < 100% UNSAT | | |
| (3) New reactors evaluated by an MO | | | | | |
| (4) INH Therapy complete and documented | | | | | |
| b. Other Surveillance Programs in place | | | | | |
| c. STD Program | | | | | |
| d. Medical Event Reporting | | | | | |

Ref: BUMEDINST 6224.8, CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| Section 6. HEALTH MAINTENANCE (>90%) | | SAT | UNSAT | PERCENT | COMMENTS |
|--|----------|-----|-------|---------|----------|
| a. Typhoid | | | | | |
| b. Tetanus | | | | | |
| c. Yellow Fever | | | | | |
| d. Influenza | | | | | |
| e. Hepatitis A | | | | | |
| f. MMR Or Titer | | | | | |
| g. Anthrax | | | | | |
| h. Small Pox | | | | | |
| i. Hepatitis B (for required personnel) | | | | | |
| j. PPD 100% | Critical | | | | |
| k. HIV | | | | | |
| l. AMSP | | | | | |
| m. PHA completed annually | | | | | |
| n. Pap Smears (if applicable) results recorded in Health Record. | | | | | |
| o. Mammograms (If Applicable) | | | | | |
| p. Audiograms | | | | | |
| q. DNA Verification | Critical | | | | |
| r. Blood Type | | | | | |
| (1) G6PD | | | | | |
| (2) Sickle Cell | | | | | |
| s. Medical Department Personnel: Hepatitis B | Critical | | | | |
| t. Health wellness programs in practice | | | | | |

Ref: BUMEDINST 6230.15, BUMEDINST 6224.8,
MANMED P-117 Chapter 15, CNSFINST 6000.1

| SAT | UNSAT |
|-----|-------|
| | |

| | | | | | | | | |
|---------------------------|---|---|--|--------|--------|--------|-------|------|
| TOTAL SUBSECTIONS: | 6 | | | | | | | |
| SAT SUBSECTIONS: | | | | | | | | |
| APPLICABLE SUBSECTIONS: | | | | | | | | |
| PERCENT SAT: | | (NUMBER SAT DIVIDED BY NUMBER APPLICABLE X 100) = % | | | | | | |
| OVERALL READINESS STATUS: | | | | | C-1 | C-2 | C-3 | C-4/ |
| | | | | | | | | |
| | | | | >= 90% | >= 80% | >= 65% | < 65% | |

| | | | | | |
|--|-----------------|--------------|-------------------------------------|----------------|--|
| EXECUTIVE SUMMARY | | | | | |
| | | | | | |
| USS: | | | Date: | | |
| | | | | | |
| Section: | C-Status | Date: | HEALTH MAINTENANCE | PERCENT | |
| A. Administration and Training | | | Typhoid | | |
| B. Supplies and Equipment | | | Tetanus | | |
| C. Emergency Medical Preparedness | | | Yellow Fever | | |
| D. Ancillary Services (as req) | | | Anthrax | | |
| E. Environmental Health Services | | | Small Pox | | |
| Deficiencies Corrected? | | | MMR | | |
| | | | Hepatitis A | | |
| | | | Hepatitis B | | |
| AMAL Status (%): | | | Meningococcal | | |
| | | | PPD | | |
| LAB Certification Date: | | | HIV | | |
| | | | PHA | | |
| Blood Bank Certification: | | | PAP Smears | | |
| | | | Audiograms | | |
| DERAT Certification: | | | DNA Testing | | |
| | | | Dental Readiness (IDC Ships) | | |
| X-Ray Audit | | | | | |
| | | | | | |

**CHAPTER 6
LABORATORY DEPARTMENT**

SENIOR EVALUATOR: _____

Date: _____ **Ship:** _____

Inspector: _____ **Date of Last Inspection:** _____

Senior Lab Tech: _____ **SMO:** _____

COMMENTS ARE ENCOURAGED TO ELABORATE ON RESULTS

| SECTION 1 – PHYSICAL FACILITY | RESULTS |
|---|----------------|
| 1. Is the lighting adequate? | YES NO N/A |
| 2. Is the laboratory clean and organized? | YES NO N/A |
| 3. Are needles and syringes stored in secured areas? | YES NO N/A |
| 4. Are refrigerators appropriately used and labeled? | YES NO N/A |
| | |
| SECTION 2 – SAFETY CONSIDERATIONS | RESULTS |
| 1. Are fire extinguishers and fire blankets available? | YES NO N/A |
| 2. Are contaminated materials and infectious materials properly disposed of in accordance with the shipboard safety standard? | YES NO N/A |
| 3. Is the emergency shower/eyewash operational? | YES NO N/A |
| 4. Is the emergency shower checked monthly and checks documented? | YES NO N/A |
| 5. Is the eyewash checked or changed (bottles) weekly and the checks documented? | YES NO N/A |
| 6. Are acids, corrosives, and flammables stored in accordance with shipboard safety standards? | YES NO N/A |
| 7. Are sharps (needles, syringes, scalpel blades, and glass pipettes) properly disposed of in accordance with shipboard safety standards? | YES NO N/A |
| 8. Are manufactures safety data sheets (MSDS) available and current? | YES NO N/A |
| 9. Are practices such as smoking, eating, drinking, and oral pipetting prohibited in the laboratory? | YES NO N/A |
| 10. Are there adequate mechanical pipetting devices available? | YES NO N/A |
| 11. Are laboratory coats, gloves, and masks in use where appropriate? | YES NO N/A |
| 12. Is there an adequate chemical spill kit available? | YES NO N/A |
| 13. Are infectious material spills disinfected with hospital-approved germicides? | YES NO N/A |
| 14. Is there a safety manual available with periodic review (annual) by a certifying official documented? | YES NO N/A |

| SECTION 3 – SUPPLIES AND EQUIPMENT | RESULTS |
|--|------------|
| 1. Are all laboratory items listed on the latest Authorized Minimal Medical Allowance List (AMAL) on board? | YES NO N/A |
| 2. Are supplies and reagents labeled with: | |
| a. Date received | |
| b. Date opened | |
| c. Expiration date | |
| Initials of technician preparing the reagent? | YES NO N/A |
| 3. Are all reagents within periodicity? | YES NO N/A |
| 4. Is there an adequate and up-to-date equipment maintenance record available? | YES NO N/A |
| 5. Are the temperatures of incubators and refrigerators recorded at least once daily? | YES NO N/A |
| 6. Are centrifuge rpm checks and timer calibrations performed and appropriately documented? | YES NO N/A |
| 7. Is autoclave function checked and documented? | YES NO N/A |
| 8. Microscope maintenance: | |
| a. Is the microscope securely fastened to the workbench or properly stored when not in use? | YES NO N/A |
| b. Is the microscope clean and serviceable? | YES NO N/A |
| (1) Free from excess oil and dust? | YES NO N/A |
| (2) Are all objectives in place and properly functioning? | YES NO N/A |
| (3) Can the light intensity be varied? | YES NO N/A |
| (4) Do all moving parts operate smoothly? | YES NO N/A |
| c. Are appropriate replacement bulbs available? | YES NO N/A |
| d. Are the manufacturer's maintenance instructions available? | YES NO N/A |
| e. Does the maintenance record indicate that all maintenance has been carried out in accordance with the manufacturer's recommendations? | YES NO N/A |
| 9. Is there an adequate source of reagent grade water available for preparation of reagents, standards and controls? | YES NO N/A |
| 10. If the water is obtained from a still, by ion exchange, or reverse osmosis, are adequate and regular purity checks documented? | YES NO N/A |

| SECTION 4 – GENERAL | RESULTS |
|--|------------|
| 1. Are written procedures (SOP's) available for each test and include the following elements: | |
| a. A complete description of reagents and equipment used; | YES NO N/A |
| b. Any equipment function verification required before testing is performed; | YES NO N/A |
| c. Specific instructions for verifying method validity through using controls and calibrators, including a definition of acceptable control values and actions to take when controls are not acceptable; | YES NO N/A |
| d. Reportable ranges for individual test results; | YES NO N/A |
| e. Limitations in the methodology, including interfering substances; | YES NO N/A |
| f. Reference ranges; | YES NO N/A |
| g. Instructions for reporting results; and | YES NO N/A |
| h. Applicable literature references. | YES NO N/A |
| 2. Are there appropriate logs available, which document the receipt of all clinical specimens and the results of the tests performed? | YES NO N/A |
| 3. In general, do overall laboratory practices appear to be in concert with the written procedures for each test carried out by the laboratory? | YES NO N/A |
| 4. If used and applicable, does the laboratory request clearly identify: | |
| a. The patient; | YES NO N/A |
| b. The requesting individual; | YES NO N/A |
| c. The tests required; | YES NO N/A |
| d. Any special handling required; | YES NO N/A |
| e. The date and when relevant, the time the specimen was collected; | YES NO N/A |
| f. The date and time the request and specimen reached the laboratory. | YES NO N/A |
| 5. Is there a system in place to clearly track the identity of technicians performing or completing tests in all instances? | YES NO N/A |
| 6. Are adequate reference books and atlas texts (blood smears, parasites, fungus/yeast/bacteria) available? | YES NO N/A |
| 7. Are duplicate copies of all laboratory results and quality control records retained for at least two years? | YES NO N/A |
| 8. Are all blood bank and donor records retained indefinitely (WALKING BLOOD BANK ONLY)? | YES NO N/A |

| SECTION 5 - QUALITY CONTROL | RESULTS | | |
|---|---------|----|-----|
| 1. Are appropriate controls and reference standards used when indicated and the results recorded on the laboratory log? | YES | NO | N/A |
| a. Hematology (high, normal, and low controls) | YES | NO | N/A |
| b. Chemistry (high and normal controls) | YES | NO | N/A |
| c. Serology (negative, positive or reactive, weakly reactive and non-reactive controls) | YES | NO | N/A |
| d. Urinalysis (normal and abnormal controls) | YES | NO | N/A |
| 2. If bacteriology is performed, are appropriate reference strains of organisms available and used for quality control? | YES | NO | N/A |
| 3. Is there evidence that quality control is routinely performed and documented for the gram stain (positive and negative control slides)? | YES | NO | N/A |
| 4. Is the corrective action clearly documented for all quality control failures? | YES | NO | N/A |
| 5. Is there a reference collection of blood smears positive for malaria and other routinely encountered abnormalities available for technician use? | YES | NO | N/A |
| 6. For the RPR test, are the appropriate rotor speeds documented and the needle calibrations performed? | YES | NO | N/A |
| 7. Are the appropriate quality control and calibration checks being carried for items such as thermometers and pipettes? | YES | NO | N/A |
| 8. Is it a general laboratory practice not to mix different lot numbers of reagents with all testing kits? | YES | NO | N/A |
| 9. Is there documentation that the SMDR reviews the laboratory logs weekly? | YES | NO | N/A |

| | |
|---|----------------------------------|
| SECTION 6 - TRAINING | RESULTS (circle response) |
| 1. Are appropriate training records available? | YES NO N/A |
| 2. Are laboratory assistants/trainees carrying out only the tests for which they have been trained and are authorized to perform? | YES NO N/A |

COMMENTS:

[illegible]

CHAPTER 7 BLOOD BANK

Date: _____ Ship: _____

Inspector: _____ Date of Last Inspection: _____

Senior Lab Tech: _____ SMO: _____

COMMENTS ARE ENCOURAGED TO ELABORATE ON RESULTS

| SECTION 1 – PHYSICAL FACILITY | RESULTS |
|---|------------|
| 1. Is the lighting adequate? | YES NO N/A |
| 2. Is the Blood Bank clean and organized? | YES NO N/A |

| SECTION 2 – SAFETY CONSIDERATIONS | RESULTS |
|---|------------|
| 1. Are contaminated materials and infectious materials properly disposed of in accordance with the shipboard safety standard? | YES NO N/A |
| 2. Are sharps (needles, syringes, scalpel blades, and glass pipettes) properly disposed of in accordance with shipboard safety standards? | YES NO N/A |
| 3. Are practices such as smoking, eating, drinking, and oral pipetting prohibited in the laboratory? | YES NO N/A |
| 4. Are laboratory coats, gloves, and masks in use where appropriate? | YES NO N/A |
| 5. Is there an adequate chemical spill kit available? | YES NO N/A |
| 6. Are infectious material spills disinfected with hospital-approved germicides? | YES NO N/A |

| SECTION 3- REQUIRED REFERENCES | RESULTS |
|--|------------|
| 1. OPNAVINST 6530.2C (Donor Support for DON Blood Program) | YES NO N/A |
| 2. OPNAVINST 6530.4A (DON Blood Program) | YES NO N/A |
| 3. NAVMED P-5101 (AABB Technical Manual) | YES NO N/A |
| 4. NAVMED P-5123 (Operations of Donor Center/Shipping) | YES NO N/A |
| 5. Ship's Blood Bank Standard Operating Procedures Manual (SOP) to include the following topics: | YES NO N/A |
| a. Shipboard donor screening, collection and processing | YES NO N/A |
| b. Deglycerolization of frozen red blood cells | YES NO N/A |
| c. Notification of cryovial repository once frozen units have been deglycerolized | YES NO N/A |
| d. Immediate spin cross-matching of red blood cells or frozen red blood cells | YES NO N/A |
| e. Reverse grouping of fresh frozen plasma | YES NO N/A |
| f. Patient and donor record tracking for all products; includes expiring, breakage, transfusing, shipping and destruction. | YES NO N/A |
| g. Donor trip scale quality control | YES NO N/A |
| h. Reagent quality control | YES NO N/A |
| i. Deglycerolization quality control | YES NO N/A |
| j. Equipment maintenance and quality control | YES NO N/A |
| k. Plan and provisions in case of freezer failure. | YES NO N/A |
| l. Storage requirements for products | YES NO N/A |
| m. Rotation of inventory for maximum shelf-life | YES NO N/A |
| n. Procedures for requesting blood products, emergency and in-theater operations, etc. | YES NO N/A |

| SECTION 4 – SUPPLIES AND EQUIPMENT | RESULTS |
|--|------------|
| 1. Are all Blood Bank items listed on the latest OSI and SRI Authorized Minimal Medical Allowance List (AMAL) on board? | YES NO N/A |
| 2. Are supplies and reagents labeled with: | |
| a. Date received | YES NO N/A |
| b. Date opened | YES NO N/A |
| c. Expiration date | YES NO N/A |
| d. Initials of technician preparing the reagent? | YES NO N/A |
| 3. Are all reagents within periodicity? | YES NO N/A |
| 4. Is there an adequate and up-to-date equipment maintenance record available? | YES NO N/A |
| 5. Are the freezer temperatures recorded at least once daily? | YES NO N/A |
| 6. Are the freezer temperature control logs and automated graphs maintained? | YES NO N/A |
| 7. Are the freezers connected to emergency power? | YES NO N/A |
| 8. Are units of frozen blood products rotated to shore based MTF at least 3 months prior to shelf-life expiration? | YES NO N/A |
| 9. Are "liquid siphon" type cylinders used as the CO2 freezer backup system? "Siphon" or "Dip Tube" will be stenciled on the side of the tank. (Not required if freezers have a dual cascade system) | YES NO N/A |
| 10. Do freezers have adequate and functional remote alarm systems installed to monitor both power and temperature and are they checked IAW 3M program? | YES NO N/A |
| 11. Is refrigerated centrifuge rpm checks and timer calibrations performed and documented IAW manufacturers specifications and the 3M Program? | YES NO N/A |

| SECTION 5 – TRAINING AND ADMINISTRATION | RESULTS |
|---|------------|
| 1. Are appropriate training records available? | YES NO N/A |
| 2. Are at least two personnel trained in cell washing procedures? | YES NO N/A |
| 3. Have the Laboratory Technicians received training in frozen blood procedures? | YES NO N/A |
| 4. Have the Laboratory Technicians attended annual refresher training at a course conducted by the local naval hospital? | YES NO N/A |
| 5. Is all required training properly documented in SAMS or automated training program? | YES NO N/A |
| 6. Has the BIOMED Repair Technician and/or Ship's company Engineman (EN) been trained in freezer maintenance and repair? | YES NO N/A |
| 7. Are laboratory assistants/trainees carrying out only the tests for which they have been trained and are authorized to perform? | YES NO N/A |

COMMENTS:

**CHAPTER 8
PHARMACY DEPARTMENT**

Date: _____ Ship: _____

Inspector: _____ Date of Last Inspection: _____

Pharmacy Lab Tech: _____ SMO: _____

COMMENTS ARE ENCOURAGED TO ELABORATE ON RESULTS

| SECTION 1 – PHYSICAL FACILITY | RESULTS |
|---|----------------|
| 1. Access limited to Authorized Personnel? | YES NO N/A |
| 2. Is the Pharmacy clean and organized? | YES NO N/A |
| 3. Externals separated from the Internals? | YES NO N/A |
| 4. Are phone numbers for regional Poison Control Center posted? | YES NO N/A |
| 5. Are refrigerated items properly stored? | YES NO N/A |
| 6. Are refrigerator temps maintained between 36-46F and documented daily? | YES NO N/A |
| 7. Current refrigerator temperature: | YES NO N/A |

| SECTION 2 – SUPPLIES AND STOCK | RESULTS |
|---|----------------|
| 1. Are any expired medications located in pharmacy working stock? | YES NO N/A |
| 2. Are expired medications properly disposed/turned in for return credit? | YES NO N/A |
| 3. Is there a method in place for inventory control on stock levels? | YES NO N/A |
| 4. Is stock properly rotated? | YES NO N/A |
| 5. Are all medications properly labeled and stored? | YES NO N/A |

| SECTION 3 – REFERENCE MATERIALS | RESULTS |
|--|----------------|
| 1. Is there a Standard Operating Procedures (SOP) manual? | YES NO N/A |
| 2. Is there a copy of the Manual of the Medical Department Chap. 21, change 113? | YES NO N/A |

| SECTION 4 – SAFETY AND SECURITY | RESULTS |
|--|----------------|
| 1. Is the safe combination changed every 12 months or at custodial turnover? | YES NO N/A |
| 2. Is a sealed copy of the combination kept with CMS Custodian? | YES NO N/A |
| 3. Are caustic material/HAZMAT properly stored? | YES NO N/A |

| SECTION 5 – RECORD KEEPING | RESULTS |
|--|----------------|
| 1. Are all records/prescriptions kept on file for 2 years? | YES NO N/A |
| 2. Are prescriptions filed numerically? | YES NO N/A |
| 3. Are controlled medicinal prescriptions filed separately? | YES NO N/A |
| 4. Are CSIB Inventories conducted at least quarterly? | |
| 5. Are Letters of Appointment for Bulk and Working Stock Custodians on file? | YES NO N/A |

| SECTION 5A- AUDIT OF PRESCRIPTIONS | FROM: TO: |
|---|----------------------|
| 1. Is the Patient's full name and SSN annotated? | YES NO N/A |
| 2. Are the lot number and manufacturer annotated? | YES NO N/A |
| 3. Is the prescription initialed by the filler? | YES NO N/A |
| 4. Is the provider's signature, printed, stamped or typed name annotated? | YES NO N/A |

| | | | |
|---|--------------|----|-----|
| SECTION 5B- AUDIT OF CONTROLLED PRESCRIPTIONS | FROM: | | |
| | TO: | | |
| 1. Is the Patient's full name and SSN annotated? | YES | NO | N/A |
| 2. Are the lot number and manufacturer annotated? | YES | NO | N/A |
| 3. Is the prescription initialed by the filler? | YES | NO | N/A |
| 4. Is the provider's signature, printed, stamped or typed name annotated? | YES | NO | N/A |
| 5. Is the patient or rep. signature, printed name, date, phone # and SSN annotated? | YES | NO | N/A |
| 6. Does the date on prescription meet Chapter 21 time limitations? | YES | NO | N/A |

COMMENTS:

[illegible]

CHAPTER 9 RADIOLOGY DEPARTMENT

Date: _____ Ship: _____

Inspector: _____ Date of Last Inspection: _____

Senior X-Ray Tech: _____ SMO: _____

COMMENTS ARE ENCOURAGED TO ELABORATE ON RESULTS

| SECTION 1 – PHYSICAL FACILITY | RESULTS |
|--|------------|
| 1. Is the lighting adequate? | YES NO N/A |
| 2. Are the x-ray rooms clean and organized? | YES NO N/A |
| 3. Is the darkroom clean and well ventilated? | YES NO N/A |
| 4. Are warning signs or “x-ray in use” light on doors? | YES NO N/A |

| SECTION 2 – SAFETY CONSIDERATIONS | RESULTS) |
|---|------------|
| 1. Do all x-ray personnel have TLD badges? | YES NO N/A |
| 2. Are emergency power switches readily available? | YES NO N/A |
| 3. Are electrical safeties adequate? | YES NO N/A |
| 4. Are fire extinguishers available? | YES NO N/A |
| 5. Are proper warm-up procedures completed and documented? | YES NO N/A |
| 6. Are tube rating charts properly posted? | YES NO N/A |
| 7. Are technique charts properly posted? | YES NO N/A |
| 8. Are acids/corrosives/flammables stored IAW shipboard safety standards? | YES NO N/A |
| 9. Is emergency shower/eyewash station operational? | YES NO N/A |
| 10. Is weekly emergency shower/eyewash PMS check documented? | YES NO N/A |
| 11. Are MSDS's current and available? | YES NO N/A |
| 12. Are evacuation routes posted? | YES NO N/A |
| 13. Are smoking, eating, and drinking prohibited in x-ray rooms? | YES NO N/A |
| 14. Are lead gowns and nonADAL shields available? | YES NO N/A |
| 15. Is S.O.P. manual readily available? | YES NO N/A |
| 16. Are safety policies/procedures posted? | YES NO N/A |
| 17. Is an adequate spill kit available? | YES NO N/A |
| 18. Are proper chemical PPE available in darkroom for processor cleaning? | YES NO N/A |
| 19. Is there a silver recovery unit? | YES NO N/A |
| 20. Is there a spill contingency plan? | YES NO N/A |

| SECTION 3 – SUPPLIES AND EQUIPMENT | RESULTS |
|---|------------|
| 1. Are all x-ray AMAL items onboard? | YES NO N/A |
| 2. Are x-ray films stored at proper temperature? | YES NO N/A |
| 3. Is PMS completed and documented properly on all x-ray units? | YES NO N/A |
| 4. Is the processor maintenance record available? | YES NO N/A |
| 5. Are x-ray cassettes cleaned monthly? | YES NO N/A |
| 6. Is the daily Q.C. on processor performed and documented? | YES NO N/A |
| 7. Is film screen contact performed semiannually? | YES NO N/A |
| 8. Are lead gowns/gonadal shields inspected annually? | YES NO N/A |
| 9. Is collimation checked/performed on the x-ray machine? | YES NO N/A |

| SECTION 4 – DOCUMENTATION | RESULTS |
|---|------------|
| 1. Is adequate patient and exam information documented on x-ray chits? | YES NO N/A |
| 2. Is there a patient log? | YES NO N/A |
| 3. Are all x-ray films read by a radiologist and properly documented? | YES NO N/A |
| 4. Are films archived for 5 years? | YES NO N/A |
| 5. Does the command's Radiation Health Officer conduct an annual internal Radiation Health Audit? | YES NO N/A |
| 6. Are Radiation Health Inspection reports kept on file? (TLD Program) | YES NO N/A |
| 7. Is the current Radiation Safety report on file? (every 2 years) | YES NO N/A |
| 8. Are x-ray logs maintained for 2 years? | YES NO N/A |

| SECTION 6 - TRAINING | RESULTS |
|---|------------|
| 1. Is there an OJT program? | YES NO N/A |
| 2. Are personnel in the OJT program issued TLD badges? | YES NO N/A |
| 3. Are PQS/Training records of all x-ray technicians and OJT personnel available? | YES NO N/A |

COMMENTS:

[illegible]

SURFACE FORCE
MEDICAL READINESS INSPECTION
SUMMARY REPORT

USS: _____

COMMANDING OFFICER: _____

EXECUTIVE OFFICER: _____

MO/SMDR: _____

SENIOR INSPECTOR: _____

Section A: Administration and Training
Section B: Supplies and Equipment
Section C: Emergency Medical Preparedness
Section D: Ancillary Services (AS REQ)
Section E: Environmental Health Services

Executive Summary

OVERALL RESULTS:

| C-1 | C-2 | C-3 | C-4 |
|-----|-----|-----|-----|
| | | | |
| | | | |

| C-STATUS | PERCENT | DATE | INSPECTOR |
|----------|---------|------|-----------|
| | | | |
| | | | |
| | | | |
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SURFACE FORCE
MEDICAL READINESS INSPECTION
SUMMARY REPORT

COMMENTS: _____

GRADING CRITERIA

Section

C-status Grading: Section grading is based on the percentage of satisfactory subsections. Divide the number of satisfactory sub-sections by the number of applicable sub-sections. Multiply this amount by 100 to determine percentage. (Number of Satisfactory Sub-sections / Number of Applicable Sub-sections X 100) = %
The below percentage criteria is then used to grade each Section C-Status, with the exception of Sub-sections marked critical.

Any UNSAT in a critical sub-section will make the entire section UNSAT and will automatically degrade "C" status one level for each section found UNSAT.

Overall

C-Status Determination: Overall C-Status is determined by averaging the percentages of Sections A through E.

SURFACE FORCE
MEDICAL READINESS INSPECTION
SUMMARY REPORT

| | | |
|------------|----------------------------|-----------------|
| C-1 | FULLY READY | >=90% |
| C-2 | SUBSTANTIALLY READY | >=80% |
| C-3 | MARGINALLY READY | >=65% |
| C-4 | NOT READY | <65% |